

FILE NOW: FILING FEE AFTER MAY 1 IS \$200.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morth  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M53519 (8)**  
1. Corporation Name  
**ROCKDALE TRADING CO. INC.**



Principal Place of Business  
**13951 SW 66 ST.  
APT. 407-A  
MIAMI FL 33183  
US**

Mailing Address  
**13951 SW 66 ST.  
APT. 407-A  
MIAMI FL 33183  
US**

3. Date Incorporated or Qualified  
**06/09/1987**

3a. Date of Last Report  
**05/02/1995**

4. FEI Number  
**59-2817428**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 **9781 S.W. 147 ST**  
Suite, Apt. #, etc.  
22  
City & State  
23 **MIAMI, FL.**  
Zip  
24 **33176** Country  
25 **U.S.A.**

2a. Mailing Address  
26 **9781 S.W. 147 ST.**  
Suite, Apt. #, etc.  
27  
City & State  
28 **MIAMI, FL.**  
Zip  
29 **33176** Country  
30 **U.S.A.**

9. Name and Address of Current Registered Agent

**HENDRICKS, VERNON L., SR.  
13951 SW 66 ST  
APT 407A  
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81 Name **VERNON L. HENDRICKS JR.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**9781 S.W. 147 ST.**  
83  
84 City **MIAMI** FL 85 Zip Code **33176**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Vernon L. Hendricks Jr.** **VERNON L. HENDRICKS JR. - PRESIDENT** 4/24/96  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	HENDRICKS, VERNON L, SR	10640 S.W. 165 ST.	MIAMI FL	<input type="checkbox"/>
SD	HENDRICKS, MICHAEL	11045 SW 154 PL	MIAMI FL	<input checked="" type="checkbox"/>
TD	HENDRICKS, VERNON L., JR	9781 SW 147 ST.	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
SECRETARY/Treasurer-ETID	VERNON L. HENDRICKS SR.	13951 S.W. 66 ST. APT 407-A	MIAMI, FL. 33183	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

  

3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
PRESIDENT - P/D	VERNON L. HENDRICKS JR.	9781 S.W. 147 ST.	MIAMI, FL. 33176	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Vernon L. Hendricks Jr.** **VERNON L. HENDRICKS JR.** 4/24/96 (205) 593-4991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)